Approved, SCAO OSM CODE: POT

## STATE OF MICHIGAN PROBATE COURT

## **PETITION AND ORDER**

COUNTY TO TRANSPORT MINOR **CIRCUIT COURT - FAMILY DIVISION** In the matter of \_\_ , a minor **PETITION** I represent that: 1. \Boxed I have requested voluntary hospitalization of the minor. The director of hospital believes the minor should be returned to the hospital following an authorized unauthorized absence. 2. Following reasonable effort, the parent, guardian, or person in loco parentis has been unable to transport the minor. 3. I request that the court order the minor to be transported for evaluation and/or hospitalization. I declare that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief. Date Signature Name (type or print) Address City, state, zip Telephone no. **ORDER** THE COURT FINDS: 4.  $\square$  A request for hospitalization has been made and the petitioner has been unable to transport the minor for an evaluation. 5. The minor was hospitalized, is on an authorized unauthorized absence, and should be returned to the hospital. 6. Reasonable effort to transport the minor has been made. IT IS ORDERED: 7. That a peace office take the minor into protective custody and transport him/her immediately to \_\_\_\_\_ for an evaluation, and if necessary thereafter, to and that the person requesting the transport order shall meet the minor at the evaluation site and remain with the minor for the duration of the evaluation. 8. That a peace office take the minor into protective custody and transport him/her immediately to hospital. 9. That this order expires on \_\_\_\_\_ Date

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